

FOOD DEFENSE PLAN

Establishment Name: _____

Establishment Location: _____

Manager/Owner Name _____

Manager/Owner Signature _____

Date _____

****Once you have a food defense plan in place, or you have reviewed your existing plan, please sign and date this page and fax to:**

405-271-3458

FOOD DEFENSE PLAN

External Security Procedures

1. Building and Property Security (i.e. locks, alarms, lighting, video surveillance)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____

2. Shipping and Receiving Security (i.e. monitoring of shipments, examination for tampering)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____

3. Mail Handling Security (i.e. opening mail, handling suspicious mail)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____

Internal Security Procedures

1. General Inside Security (i.e. restricting areas, monitoring customer access areas)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____

2. Food Processing Area Security (i.e. monitoring access to equipment & food processing areas)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

3. Storage Security (i.e. access to storage areas, stock rotation)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. Ingredients/Water/Ice Security

- a. _____
- b. _____
- c. _____
- d. _____

5. Customer-to-Food Access Areas (i.e. buffet line monitoring)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

6. Chemical/Hazardous Material Control Security (i.e. cleaning solvents, pesticides)

- a. _____
- b. _____
- c. _____
- d. _____

7. Information Security (i.e. product receiving schedules, employee information)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Personnel Security

1. Hiring Procedures (i.e. check references, background checks)

- a. _____
- b. _____
- c. _____

2. Employee Sick Leave Policy (i.e. self-reporting illness)

- a. _____
- b. _____

3. Employee Training (i.e. food defense, emergency response, employee, new employee and annual)

- a. _____
- b. _____
- c. _____

4. Personnel Access (i.e. key security, restrictions on personal items)

- a. _____
- b. _____
- c. _____
- d. _____

5. Contractors, Vendors (i.e. ID checks, unannounced deliveries, monitoring)

- a. _____
- b. _____
- c. _____
- d. _____

6. Management (i.e. annual food plan reviews/inspections, management trained)

- a. _____
- b. _____
- c. _____
- d. _____

7. Response/Mitigation/Recovery (i.e. emergency notification tree, established relations with emergency responders, develop a response plan, Continuity of Operations Plan in place)

- a. _____
- b. _____
- c. _____
- d. _____

Food Defense Plan Review Form

Complete this form following each review.

Document the date of review, person conducting review, and whether plan was tested.*

Date of Review	Person Conducting Review (Name & Title)	Section(s) of Plan Reviewed/Tested

*Tests can be as simple as checking locks, adherence to policies, or making unannounced visits during deliveries or equipment maintenance.